

Summary – Secure Recovery Residence (SRR) Planning Meeting
June 12, 2009 --- 9:30 – 12:30
Corrections Chapel Conference Room

This very brief one page summary addresses the highlights of the 3 hour planning meeting. Those who wish greater detail are referred to the accompanying Notes.

Persons present -- Bill McMains facilitated the meeting. The following individuals were present. At various times some people left and returned to the meeting: Elliott Benay, Patrick Kinner, Jay Batra and Tom Simpatico from VSH; Jean New, Consumer; JoAnna Cole, NAMI-VT; Trish Singer, Michael Hartman, Beth Tanzman, Judy Rosenstreich, Bill McMains and Norma Wasko from DMH; Rep. Anne Donahue.

Purpose of meeting: To discuss recovery program characteristics that will impact architectural design; to develop concepts of clinical programming sufficient to develop the Certificate of Need application. Specific content covered included: Values & Principles of Recovery; Population Needs; Program Characteristics. The result of this process will be a concept document. As such it differs from the detailed programmatic design required for program implementation.

Key points from discussion on Principles and Values (Documents # 1, 2, 3 & 4):

The distributed materials on recovery values from national organizations (SAMHSA, NAMI, New Freedom Commission) are consistent and overlap each other and the Vermont's Futures Project documents. Need to incorporate and consolidate these formulations with the prior Futures planning documents to achieve a consolidated, clear statement of principles & values that will be well-understood when applied to the SRR. The overall objective should be to extend the values and principles of recovery beyond the SRR itself so that individuals will have coherent, integrated recovery oriented treatment plans across the delivery system and in the programs and communities where they may live after leaving the SRR.

Key points from discussion on Population Served by SRR (Document # 5)

The population at VSH who would go to the SRR are of widely varying diagnoses and capabilities. There are no consistent clinical criteria for determining this population except level of functional need and dangerousness to self or others. Level of acuity and degree of stabilization do present a common way to categorize potential residents. Individuals who would qualify for the long-term programming of the SRR no longer require the medical services of an acute care unit as the primary mode of intervention, and could benefit from a therapeutic, long term recovery program. However, there is no place currently in the system of care where they can safely go. Because of the highly diverse diagnostic picture presented by this group, clinical programming will be challenging. It will require a culture of learning and an attitude of creative practicality on the part of staff and residents as well. It should be noted that the SRR is intended to serve individuals referred from VSH. It will not be able to address the needs of individuals from elsewhere (e.g., Corrections) in the system who might otherwise qualify.

Key Points from discussion on Program Characteristics (Document # 6)

The Goals should be revised to capture all the important values statements and incorporate prior Futures planning documents. Goals to be added: (1) The program should focus on the quality of the resident's life today; (2) Programming should differ according to individual needs and lengths of stay and better reflect where the individual is in his/her recovery; (3) Programming should introduce and develop community skills and building social connections within and outside the SRR; (4) Programming should be based on the rhythms of the day --- work, home-- and develop skills in both areas; (5) All parts of the 24 hour cycle of the day should be regarded as a learning opportunity; (6) Programming should develop people's self-efficacy in voluntary choices – across the range of life activities, and as choice applies to issues of involuntary admission and involuntary medications.

Next Meeting: June 25 –10 to 1:00 -Appalachian Gap Room, Osgood Building, will address:

-Recovery strategies; - Core clinical strategies; - Environmental design; - Emergency procedures.